

Rivertown Christian Volleyball, Inc.  
Attn: Spring Clinic  
2561 Palm Dale Dr. SW  
Wyoming, MI 49418

For more information please contact:  
Carrie Gunnett, Director of Volleyball  
email: [gunnettgang@integrity.com](mailto:gunnettgang@integrity.com)  
phone: 616.644.6416

**6th – 12<sup>th</sup> Grade  
Spring Clinic Registration Form**

Please complete this form and mail with \$75 for the cost of the clinic to the address above.

Spring Clinic for Girls entering 6<sup>th</sup> – 12<sup>th</sup> grade in the Fall of 2019

Dates: April 9, 11, 16, 18, 23, 30 and May 2.

Time: 5:30-7:30 p.m.

Location: Home School Building

**Player Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering in Fall 2018: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom’s Cell Phone: \_\_\_\_\_ Dad’s Cell Phone: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Other Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

My child \_\_\_\_\_, has my permission to attend volleyball events with Rivertown Christian Volleyball, Inc. (“RCV”). This consent form gives permission to seek whatever medical attention is deemed necessary, and releases RCV and its volunteers of any liability against personal losses of named child. I understand that there are inherent risks involved in any event, and I hereby release RCV, its directors, officers, coaches, volunteer workers, other participants, and, if applicable, owners and lessors of premises used to conduct the event from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that she is injured and requires first aid or the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary. In the event treatment is required from a physician and/or hospital personnel designated by RCV, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

Your signature indicates that you have read and agree to the above and that you are this child’s parent/legal guardian:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date